

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	1/9/01
FORMALITY REVIEW	H.S	866	01-18-001
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/7/03
2	8/5/03
3	12/2/03
4	6/10/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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